

Method of Payment and Credit Card Authorization Form

(Please Print or Type)

First Name	Middle Initial	Last Name
Company Name		
Address		
City	State	Zip
Phone No. () -	Facsimile No. () -	Cellular No. () -
Citation No.	VIN No.	
ROV / NOV No.	License No.	
Citation Amount \$		

Method of Payment

Check ☐ Money Order ☐
(Please attach check or money order; see address below.)

Credit Card:

Please charge my ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Credit Card No.	
Expiration Date	Amount Authorized \$
Authorized Signature	Today's Date

If check, please make out and mail to:

California Air Resources Board
Enforcement Division
1001 "I" Street
P.O. Box 2815
Sacramento, CA 95812
Fax (916) 445-5745

California Air Resources Board
Enforcement Division
Post Office Box 160
Rosemead, California 91770-0160
Fax (626) 450-6170

Please direct questions to (916) 322-7061 or 1-800-END-SMOG.